

JCS 5 U.S. PTO
07/27/01

A

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|--|
| Attorney Docket No. | CM-2017MC |
| First Inventor | Fabio (nmn) Cinelli |
| Assignee | The Procter & Gamble Company |
| Title | Disposable Absorbent Articles With Improved Adhesive For Attachment To The Skin To Facilitate Water Adhesion Stability With Low Pain Level Removal |
| Express Mail Label No. | EL618954914US |

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status
(see 37 CFR §1.27)
3. Specification Total Pages [33]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 USC §113) Total Sheets []
5. Oath or Declaration Total pages [3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)
 - i. **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR §1.76
18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

| | |
|--|--|
| <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No. <u>PCT/US00/02706</u> |
|--|--|

 Prior application information: Examiner: _____ Group/Art Unit: _____

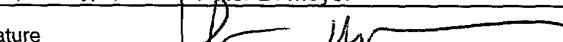
For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document *(if applicable)*
12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

19. **CORRESPONDENCE ADDRESS**

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <input type="checkbox"/> (Insert Customer No. or Attach bar code label here 27752) | |
|---|---|--|

| | | | |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | Peter D. Meyer | Registration No. (Attorney/Agent) | 47,792 |
| Signature |  | Date | July 27, 2001 |

+ Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.



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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

| | |
|--------------------------------|---------------------|
| <i>Application Number</i> | |
| <i>Confirmation Number</i> | |
| <i>Filing Date</i> | July 27, 2001 |
| <i>First Named Inventor</i> | Fabio (nmn) Cinelli |
| <i>Examiner Name</i> | |
| <i>Group/Art Unit</i> | |
| TOTAL AMOUNT OF PAYMENT | (\$) 710.00 |
| | Attorney Docket No. |
| | CM-2017MC |

METHOD OF PAYMENT (check one)

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- [X] Charge Any Additional Fee Required Under status See 37 CFR §127
37 C.F.R. §§1.16 and 1.17

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Code | (\$) | Fee Description | Fee Paid |
|---------------------------|--------|--|--------------------------|
| 105 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> |
| 127 | 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> |
| 139 | 130 | Non-English specification | <input type="checkbox"/> |
| 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> |
| 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> |
| 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> |
| 115 | 110 | Extension for reply within 1 st month | <input type="checkbox"/> |
| 116 | 390 | Extension for reply within 2 nd month | <input type="checkbox"/> |
| 117 | 890 | Extension for reply within 3 rd month | <input type="checkbox"/> |
| 118 | 1,390 | Extension for reply within 4 th month | <input type="checkbox"/> |
| 128 | 1,890 | Extension for reply within 5 th month | <input type="checkbox"/> |
| 119 | 310 | Notice of Appeal | <input type="checkbox"/> |
| 120 | 310 | Filing a brief in support of an appeal | <input type="checkbox"/> |
| 121 | 270 | Request for oral hearing | <input type="checkbox"/> |
| 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> |
| 140 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> |
| 141 | 1,240 | Petition to revive - unintentional | <input type="checkbox"/> |
| 142 | 1,240 | Utility issue fee (or reissue) | <input type="checkbox"/> |
| 143 | 440 | Design issue fee | <input type="checkbox"/> |
| 144 | 600 | Plant issue fee | <input type="checkbox"/> |
| 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> |
| 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> |
| 126 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> |
| 146 | 710 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> |
| 149 | 710 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> |
| 179 | 710 | Request for Continued Examination (RCE) | <input type="checkbox"/> |
| 169 | 710 | Request for expedited examination of a design application | <input type="checkbox"/> |
| Other fee (specify) _____ | | | <input type="checkbox"/> |
| Other fee (specify) _____ | | | <input type="checkbox"/> |

FEE CALCULATION**BASIC FILING FEE – Large Entity**

| Code | (\$) | Fee Description | Fee Paid |
|------|------|------------------------|--------------------------|
| 101 | 710 | Utility filing fee | [710.00] |
| 106 | 320 | Design filing fee | <input type="checkbox"/> |
| 107 | 490 | Plant filing fee | <input type="checkbox"/> |
| 108 | 710 | Reissue filing fee | <input type="checkbox"/> |
| 114 | 150 | Provisional filing fee | <input type="checkbox"/> |

SUBTOTAL (1) (\$)[710.00]**2. EXTRA CLAIM FEES – Large Entity**

| Extra Claims | Below Fee | Fee Paid |
|--------------------|-------------------|--------------|
| Total Claims | [20] - 20** = [0] | x [18] = [0] |
| Independent Claims | [1] - 3** = [0] | x [80] = [0] |
| Multiple Dependent | [] | = [0] |

** or number previously paid, if greater; For Reissues, see below

| Code | (\$) | Fee Description |
|------|------|---|
| 103 | 18 | Claims in excess of 20 |
| 102 | 80 | Independent claims in excess of 3 |
| 104 | 270 | Multiple dependent claim, if not paid |
| 109 | 80 | **Reissue independent claims over original patent |
| 110 | 18 | **Reissue claims in excess of 20 & over original patent |

SUBTOTAL (2) (\$)[0]

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[0]

Complete (if applicable)

| | | | | | |
|-------------------|----------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Peter D. Meyer | Registration No. (Attorney/Agent) | 47,792 | Telephone | (513) 634-9359 |
| Signature | | | | Date | JULY 27, 2001 |

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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